

Iowa Department of Human Services

**REINSTATEMENT REQUEST**

I would like to request reinstatement of an ongoing support obligation.

Name (Please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

CSC Number: \_\_\_\_\_

Reason for reinstatement request: \_\_\_\_\_

County where support order was entered.(If more than one county, list all.)

\_\_\_\_\_

\_\_\_\_\_

Support Order Docket Number(s) (Include docket numbers for all orders to be reinstated):

\_\_\_\_\_

All Parties to the Suspension Order:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Iowa Fair Information Practices Act Disclosure Statement***

The information requested will be used solely by the Child Support Recovery Unit (CSRU) to determine whether CSRU may proceed with your request to reinstate suspended support. Persons outside CSRU will not routinely be provided this information. This form is optional. If you choose to use this form, all of the information is required, except the county where the support order was entered and the support order docket number(s). CSRU cannot proceed with the reinstatement process if you fail to provide all information required to begin the reinstatement process. You may provide the information by using this form or by including the required information in a letter to CSRU.